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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/681,441	04/05/2001	Peter Fall	47863/255276

CONFIRMATION NO. 4762

FORMALITIES LETTER



OC000000006027253

28694
TRACY W. DRUCE
KILPATRICK STOCKTON LLP
11130 SUNRISE VALLEY DRIVE
SUITE 300
RESTON, VA 20191-4329

Date Mailed: 05/01/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION


FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*


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Initial Patent Examination Division (703) 308-1202

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

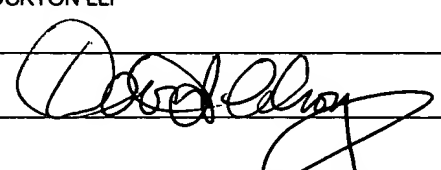
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/681,441
	Filing Date	04/05/2001
	First Named Inventor	Peter FALL
	Group Art Unit	3682
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	Attorney Docket Number	VCC0031-US

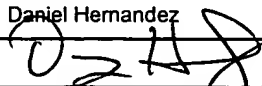
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Declaration Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard.
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	KILPATRICK STOCKTON LLP David P. LeCroy
Signature	
Date	07/05/2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 07/05/2001			
Typed or printed name	Daniel Hernandez		
Signature		Date	07/05/2001

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FEE TRANSMITTAL for FY 2001 <small>Patent fees are subject to annual revision.</small>		Complete if Known													
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> OIPE JUL 06 2001 PATENT & TRADEMARK OFFICE </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/681,441</td> </tr> <tr> <td>Filing Date</td> <td>04/05/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Peter FALL</td> </tr> <tr> <td>Examiner Name</td> <td>Not Assigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>3682</td> </tr> <tr> <td>Attorney Docket No.</td> <td>VCC0031-US</td> </tr> </table>		Application Number	09/681,441	Filing Date	04/05/2001	First Named Inventor	Peter FALL	Examiner Name	Not Assigned	Group / Art Unit	3682	Attorney Docket No.	VCC0031-US
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TOTAL AMOUNT OF PAYMENT (\$) 280															

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 14-1437</p> <p>Deposit Account Name: KILPATRICK STOCKTON LLP</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>130.00</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>110.00</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 280)</p>	Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	130.00	127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55	110.00	116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40	40.00	146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David P. LeGroy	Registration No. Attorney/Agent	37,869
Signature		Telephone	703-648-8500
		Date	07/05/2001

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